

Check time period covered:	Report Due:
Year	_
1st quarter, JanMar.	April 25
2nd quarter, AprJune	July 25
3rd quarter, July-Sept.	Oct. 25
4th quarter, OctDec.	Jan. 25

Name of Library				
Complete Address				
Cards sold this quarter #	thru #		No cards sold this quarter	
#	#		(check here if applicable)	
Quantity of replacement cards sold at \$	1.00	Total \$		
Please use the following formula to calculate the quantity of cards sold:				
Last card number sold this quarter minu	• •		l cards sold.	
Total cards sold minus (-) voided or rep Example: 131409 - 131400 = 9 - voided	· ·			
Quantity of cards sold		Total \$		
Quality of Cards Sold		Τοιαι φ		
Quantity of voided cards (list card #'s in this space)		T		
,	. ,	Total remitted \$	(	
			to the Indiana State Library	
Please give information only for each re	epiacement card soid. A	1		
Name, Address		Replacement card #	Lost Card #	
Send additional cards. (Cards come in ր	packages of 250.)	Quantity requested:	Package (s)	
The undersigned hereby certifies the (PLAC Quarterly Report).	accuracy of the inform	nation submitted on the Publi	c Library Access Card	
Signature of Library Director		Date signed (month, day,	year)	
Signature of one Library Board Officer		Date signed (month, day, year)		
Please return check, original form, and			-	